

Service Request Number SR

Fee per King County Board of Health Rules and Regulations 05-05, Sec 90: \$364.00

Parcel #

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 Source Site Review Service Request #SR_____

Public Water System	ID #

Approximate Site			ATTACH A DETAILED ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY.	
Applicant Name	<div> <div>Last</div> <div>First</div> </div>		Street Address	
			City-Zip	<div> <div></div> <div>Phone</div> <div></div> </div>
Designer	<div> <div>Last</div> <div>First</div> </div>		Street Address	
			City-Zip	<div> <div></div> <div>Phone</div> <div></div> </div>

New System	<input type="checkbox"/>	Upgrade of Existing	<input type="checkbox"/>	Detailed Plans Attached	<input type="checkbox"/>	(Y/N)
Source Type:	Well	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Surface	<input type="checkbox"/>
					Other	<input type="checkbox"/>

Section Township Range
 Subdivision Name: Lot: Block:

Property Size: | | | | | | Sq. ft. Acreage: |

Distance from property line to nearest public water supply | | | ft.

Within Public Water Supply Service Area? | (Y/N)

Name of this Public Water Supply?	Water Supply ID #						
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Sensitive Area	(Y/N) If yes, specify	(L,W, O) (L=Landslide, W=Wetlands, O=Other)

Parcel Number of Connections (up to 9 parcels):

I understand that failure to comply with the Code of King County Board of Health Title 12 may result in the disapproval of the water system being proposed in this application. Non-compliance may also lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature _____ K.C. ID# _____ Date _____

PLAN MODIFICATION
APPROVED

APPROVED	_____	BY: _____	
	(date)		
PLAN MODIFICATION DISAPPROVED	_____	BY: _____	
	(date)		

THIS MODIFICATION APPLICATION ⁽²⁰⁰⁶⁷⁾ EXPIRES 2 YEARS FROM DATE OF APPROVAL UNLESS AN EXTENSION IS APPROVED.

Public Health Seattle & King County
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